

Time Survey Activity Codes Quick Reference Guide for Native American Tribal Program

Unallowable Activities ↓	Reallocated Activities ↓
CODE 1 <i>OTHER PROGRAMS/ACTIVITIES – U</i> Time spent on activities unrelated to the administration of the Medi-Cal program, not included in any other activities listed on the time survey. Include: Childhood Lead Poisoning Prevention Program administrative activities and case management, making a referral, coordination or monitoring the delivery of non-Medi-cal services.**	CODE 21 <i>GENERAL ADMINISTRATION/PAID TIME OFF - R</i> Use to capture job duties that support time for primary job. Time recorded under this code will be apportioned appropriately to MAA and non-MAA. Paid time off is when you are being paid, but you're not at work. This includes paid vacation days, jury duty, sick leave, etc. If you are not paid for your time off, you cannot record that time within code 21. Unpaid time off should be left blank on your time survey.
CODE 2 <i>DIRECT MEDICAL SERVICES – U</i> Use when providing care, treatment, and/or counseling services to an individual to correct or ameliorate a specific condition. Activities that are an integral part of or an extension of a medical service (e.g., follow-up, assessment, counseling, education or consultation and billing activities) should be reported with Code 2.**	<div> Allowable Activities ↓ </div> CODE 19 <i>MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) TRAINING -TM/50% FFP</i> Use when performing activities that are directly related to giving or receiving of training on MAA and/or how to document relevant activities through the time survey process.**
	CODE 20 <i>MAA COORDINATION AND CLAIMS ADMINISTRATION - TM/50% FFP</i> Use when performing activities that are directly related to MAA claims administration & coordination activities. Staff who time survey should use this code for documenting relevant Medi-Cal Administration activities through the time survey process.**
CODE 3 <i>NON-MEDI-CAL OUTREACH – U</i> Use when performing activities that inform eligible or potentially eligible individuals about non-Medi-Cal social, vocational, and educational programs and how to access them, describing the range of benefits covered and how to obtain them. Both written and oral methods may be used. **	CODE 4 <i>INITIAL MEDI-CAL OUTREACH – TM/50% FFP</i> Use when performing initial activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them. Initial activities include bringing potential eligibles into the Medi-Cal system for the purpose of determining eligibility and initially arranging for the provision of Medi-Cal services.**
CODE 5 <i>FACILITATING APPLICATION FOR NON-MEDI-CAL PROGRAMS-U</i> Use when informing an individual or family about programs such as CalWORKS, Food Stamps, WIC, childcare, legal aid, and other social or educational programs, and referring them to the appropriate agency to make application. **	CODE 6 <i>FACILITATING MEDI-CAL ELIGIBILITY DETERMINATION - TM/50% FFP</i> Use when assisting an individual in becoming eligible for Medi-Cal/Healthy Families. This activity does not include the actual determination of Medi-Cal eligibility. **
CODE 7 <i>REFERRAL, COORDINATION, AND MONITORING OF NON-MEDI-CAL-COVERED SERVICES – U</i> Use when making referrals for coordinating, and/or monitoring the delivery of non-Medi-Cal services, such as educational services. **	CODE 8 <i>ONGOING REFERRAL, COORDINATION, AND MONITORING OF MEDI-CAL SERVICES-PM/50% FFP</i> Use when making ongoing referrals for, coordinating, and/or monitoring the delivery of Medi-Cal-covered services. Use after an initial referral is made. Activities that are part of a direct service are not claimable as an administrative cost.

** Includes related training, paperwork, clerical activities, or staff travel required to perform these activities, including initiating and responding to email and voicemail. <-----> Arrows indicate related allowable/unallowable codes.

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Unallowable Activities ↓	Allowable Activities ↓
CODE 9 <i>ARRANGING TRANSPORTATION FOR NON-MEDI-CAL SERVICES – U</i> Use when assisting an individual to obtain transportation to services not covered by Medi-Cal. **	CODE 10 <i>ARRANGING TRANSPORTATION FOR MEDI-CAL SERVICES – PM/50% FFP</i> Use when assisting an individual or family to obtain transportation to Medi-Cal covered services. Does not include providing the actual transportation service, but only the administrative activities involved in scheduling or arranging transportation. Does not include accompanying the Medi-Cal eligible individual to Medi-Cal services as an administrative activity. **
CODE 11 <i>PROVIDING TRANSPORTATION FOR NON-MEDI-CAL SERVICES – U</i> Use when providing transportation services or accompanying individuals when medically necessary. **	CODE 12 <i>PROVIDING TRANSPORTATION FOR MEDI-CAL SERVICES – PM/50% FFP</i> Use when providing non-emergency, non-medical transportation to an individual or family to Medi-Cal-covered services. Does not include the administrative activities involved in scheduling or arranging transportation. Can include accompanying the Medi-Cal-eligible individual to Medi-Cal services as an administrative activity.**
CODE 13 <i>NON-MEDI-CAL TRANSLATION SERVICES – U</i> Use when providing translation services for non-Medi-Cal activities. **	CODE 14 <i>TRANSLATION RELATED TO MEDI-CAL SERVICES – PM/50% FFP</i> Use when arranging and providing Medi-Cal translation services. Translation may be allowable as an administrative activity if it is not included and paid for as part of a medical assistance service. Translation must be provided by separate units or by separate employees performing translation functions and it must facilitate access to Medi-Cal-covered services. Note that a Tribal Claiming Unit does not need to have a separate administrative claiming unit for translation.**
CODE 15 <i>PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL SERVICES – U</i> Use when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of non-medical/ non-mental health services to individuals and their families. Non-medical services may include social, educational and vocational services.**	CODE 16 <i>PROGRAM PLANNING, POLICY DEVELOPMENT, & INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES - PM/50% FFP</i> Use when performing collaborative activities with other agencies associated with the development of strategies to improve the coordination and delivery of Medi-Cal-covered medical/mental health services to individuals and their families. Only employees whose position descriptions include program, planning, policy development and interagency coordination should use this code.**
CODE 17 <i>SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDI-CAL SERVICES – U</i> Use when SPMP medical expertise is necessary to coordinate, develop and/or administer health and other programs not covered by Medi-Cal and do not involve federal Medical Assistance. This code is applicable only if professional medical knowledge is required to shape the aspects of the program, coordinate available medical resources or establish/maintain working relationships with the professional medical community.**	CODE 18 <i>SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDI-CAL SERVICES – PM/75% FFP</i> Use when SPMP medical expertise is necessary to develop and/or administer Medi-Cal covered services that are medically sound and administratively efficient. This code is only applicable if professional knowledge is needed to shape the medical aspects of the program, including the determination of which Medi-Cal-covered services are needed in a well-balanced medical benefits program, coordinate available resources or establish/maintain working relationships with the professional medical/healthcare community. It does not include activities integral to or that are an extension of direct medical or Medi-Cal covered services.

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